

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038512

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2850

FILED SEP 23 1963

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Clayton

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

St. Louis County Hosp.

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits

Yes ☐ No ☐

c. CITY

Ballwin

OR  
TOWN

d. STREET  
ADDRESS

(If outside, give location)

114 Shirley Lane

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

Billy A. Welker

## 4. DATE OF DEATH

9/12/63

## 5. SEX

M

## 6. COLOR OR RACE

W

## 7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11/5/43

## 9. AGE (last birthday)

19

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Delivery

Electric Mart

Kirkwood, Mo.

USA

## 13a. FATHER'S NAME

Billy Welker

## 13b. MOTHER'S MAIDEN NAME

Leona Stellhorn

## 14. NAME OF HUSBAND OR WIFE

-----

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

no

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Address

Billy Welker, Ballwin, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Brain and other traumatic injuries

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☒

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

1 car accident (driver)

## 20c. TIME OF INJURY

approx. 7:35 a.m.

Month, Day, Year

9/11/63

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

highway

## 20f. CITY, TOWN, OR LOCATION

Ladue

## COUNTY

St. Louis

## STATE

Missouri

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her him alive on \_\_\_\_\_  
Death occurred at 7:25 A.M. \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Raymond H. Hurd

## 22b. ADDRESS

Clayton, Missouri

## 22c. DATE SIGNED

9/16/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

9/14/63

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery, 5200 Lucas-Hunt Rd.

## 23d. LOCATION (City, town, or county)

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Schrader Funeral Home, Ballwin, Mo.

## 25. DATE RECD. BY LOCAL REG.

9-12-63

## 26. REGISTRAR'S SIGNATURE

John B. Murphy, Jr.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Richard Bopp*

Licensed Embalmer No. \_\_\_\_\_

*4584*

P. O. Address \_\_\_\_\_

*Ballwin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.